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Under the Papervicin Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid CMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Decket Hun Effective December 8, 2004 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA NUMBER FILED RATE (\$) FEE (1) BATE (S) FEE (S) FOR BASIC FEE 150.00 300.00 NIA N/A N/A N/A (37 CFR 1 16(4) (0) 0 (c)) SEARCHFEE \$500 N/A NIA NVA \$250 N/A (37 CFR 1 16(N. (4. or (m)) EXAMINATION FEE \$200 NVA N/A \$100 N/A (37 CFR 1 16(0), (p), or (q)) TOTAL CLAIMS X\$50 **X** 25 OR minus 20 = **D7.CFR (16(1))** INDEPENDENT CLAIMS X100 X200 minus 3 = (37 CFR 1 16(N)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 07 CFR 1 16(4)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= +360= MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 160)) TOTAL • If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLAIMS PRESENT RATE (\$) RATE (\$) ADDI-·αo REMAINING NUMBER ADDI-**EXTRA** TIONAL PREVIOUSLY TIONAL AFTER FEE (1) AMENDMENT PAID FOR FEE (\$) Minus Total Ø X\$ 25 X\$50 OR Minus X100 X200 OB Application Size Fee (37 CFR 1.16(s)) +360= **4180=** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(1)) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CI AIMS PRESENT ADDI-RATE (\$) ADDI-RATE (\$) NUMBER REMAINING 0 TIONAL **EXTRA** TIONAL PREVIOUSLY AFTER. FEE (\$) FEE (\$) PAID FOR **AMENDMENT** Total Minus X\$ 25 X\$50 OR Independent (37 CFR 1.14(h)) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.160) +180= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20".

\*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 2". The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Expection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to life (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commenta the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief, Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.